

EXHIBIT

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DIPLOMATE, AMERICAN BOARD OF
PHYSICAL MEDICINE AND REHABILITATION
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PATIENT: Steffon Barber
DATE OF BIRTH: 2/12/86
DATE OF INJURY: 4/27/21
DATE OF REPORT: 10/31/25

**PHYSICAL MEDICINE AND REHABILITATION
BRAIN INJURY MEDICINE
MEDICAL-LEGAL EVALUATION**

IDENTIFICATION

Mr. Steffon Barber is a 39 year old male who sustained a gunshot injury to the head resulting in a traumatic brain injury on 4/27/21. I was contacted on 7/18/25 by the Plaintiff's Attorney, Ms. Renee Masongsong, Esq., with request for my involvement to review Mr. Barber's medical records and provide opinions regarding the injuries he sustained, his current condition, and anticipated future medical care needs he has secondary to his injuries.

RECORDS/REPORTS REVIEWED

SAN BERNARDINO COUNTY SHERIFF'S DEPARTMENT

ARROWHEAD REGIONAL MEDICAL CENTER

HANGER CLINIC

SAN BERNARDINO COUNTY SBCSD JAIL MEDICAL RECORDS

SAN BERNARDINO COUNTY SHERIFF'S DEPARTMENT HEALTH SERVICES
REQUEST

SAN BERNARDINO COUNTY SHERIFF'S DEPARTMENT WITNESS INTERVIEW

SAN BERNARDINO COUNTY SHERIFF'S DEPARTMENT HOSPITAL RESPONSE

SECOND AMENDED COMPLAINT

1. VIOLATION OF CIVIL RIGHTS (42 U.S.C. § 1983) (Based on Unreasonable Use of Excessive Force)
2. VIOLATIONS OF CIVIL RIGHTS (42 U.S.C. § 1983) (Based on Unconstitutional Policy, Practice, or Custom)
3. BATTERY (Cal. Government Code §§ 815.2(a), 820(a); Cal. Civil Code § 43)
4. NEGLIGENCE (Cal. Government Code §§ 815.2(a), 820(a))
5. VIOLATION OF THE BANE ACT (CAL. CIV. 51.1)
6. INTENTIONAL INFLICTION OF EMOTIONAL DISTRESS

DEMAND FOR JURY TRIAL

PHOTOGRAPHS

**CURRENT MEDICAL STATUS/CHRONIC SEQUELAE SECONDARY TO
6/17/21 INCIDENT**

Neurology/Traumatic Brain Injury

- left spastic hemiparesis
- neuropathic pain

- painful neurogenic spasms

Orthopedic/Musculoskeletal

- chronic left shoulder pain
 - risk for shoulder subluxation secondary to shoulder girdle weakness with left hemiparesis

- inability to obtain MRI due to concern for residual intracranial bullet fragments
- risk for musculoskeletal over-use/chronic repetitive strain injuries secondary to left hemiparesis, chronic pain, alterations in normal biomechanics
- risk for acute musculoskeletal trauma
 - fall risk

Psychiatry/Psychology

- risk for grief secondary to losses, including physical abilities
- problems related to life management functions, limitation of activities

Pain Management

- chronic pain
 - skeletal/orthopedic/myofascial
 - neuropathic

Endocrine

- risk for metabolic syndrome due to more sedentary lifestyle postinjury
 - potential for hypertension, dyslipidemia, diabetes, high BMI

Physical Medicine and Rehabilitation/Functional Status

- functional mobility impairments
- functional self-care/instrumental activities of daily living impairments
- anticipated progressive functional decline over and beyond the normal aging process

CARE RECOMMENDATIONS AND MEDICAL SUBSTANTIATION

Mr. Barber sustained a traumatic brain injury on 4/27/21, which has resulted in permanent impairments, negatively impacting his physical functioning, as well as resulting in chronic pain issues. The ability for Mr. Barber to best optimize and maintain his overall health, medical stability, functional status, and quality of life, will be dependent on his future comprehensive and specialized medical and rehabilitation care. The overall goals are to stabilize his general medical status, prevent further injuries or illness, optimize his functional outcomes, manage his pain, improve his quality of life,

and support his physical and emotional well-being over his life, despite the permanent effects of his traumatic brain injury. As he ages with these sequelae, it is anticipated he will have progression of these functional deficits, and an overall decline in his abilities and quality of life. Ensuring he has specialized and comprehensive medical care, therapies, medications, durable medical equipment, and home health care assistance is imperative in achieving the best outcomes, as well as prevention of complications and comorbidities.

In analyzing the future care, addressing needs directly related to the 4/27/21 injuries, to a reasonable degree of medical probability, Mr. Barber will require care from Physical Medicine and Rehabilitation/ Neurorehabilitation and Musculoskeletal Rehabilitation. Other care needs will include interdisciplinary neurorehabilitation and musculoskeletal therapy referrals to include functional mobility and self-care, instrumental activities of daily living, upper extremity/shoulder rehab, and chronic pain management. Additional care needs include medications, diagnostic evaluations, durable medical equipment, safety aids, adaptive technology and assistive devices, homemaker/homehealth aide caregiver services, community resources, education, and peer support organizations.

MEDICAL CARE

Physiatry/Neurorehabilitation and Musculoskeletal Rehabilitation

- leading the interdisciplinary rehabilitation team, for optimizing health, well-being, functional restoration and maintenance, following traumatic brain injury with residual neurologic and musculoskeletal sequelae/impairments, prevention of further disability, injury, and illness

- Physical Therapy and Occupational Therapy referrals will be necessary for addressing mobility, self-care/instrumental activities of daily living, chronic pain, general long-term care of an individual who has sustained a traumatic injury resulting in residual impairments

- rehab medicine-related issues, including musculoskeletal dysfunction, chronic pain, spasticity, and general long-term care of an individual who has sustained a traumatic brain injury
 - neurorehabilitation addressing mobility, self-care/instrumental activities of daily living issues related to TBI and residual left spastic hemiparesis

 - musculoskeletal rehabilitation with care provided to monitor functional status, acute and chronic musculoskeletal dysfunction relating to left spastic hemiparesis

- evaluation and treatment of secondary chronic and acute injury, which can involve the spine and postural muscles, due to altered gait mechanics and

biomechanical strain while performing activities of daily living

-musculoskeletal injuries relating to falls

-chronic pain management is a priority, to optimize overall physical functioning and mental well-being, prevention of complications, with monitoring and management of chronic and acute pain with multiple etiologies, including joint/orthopedic, myofascial, and neuropathic

-utilizing a multimodal approach to optimize pain control, including therapy modalities, interventional procedures, and medication management

-pharmacologic pain management to include nonsteroidal antiinflammatory therapy, psychotropic medication, anticonvulsant medication, topical patches, compound cream, avoidance or at least minimizing use of opioid therapy

-participation in an interdisciplinary pain rehabilitation program will be an important component of his life-long pain management program

-Mr. Barber could benefit from complementary medicine modalities, including acupuncture treatments and manual therapy/myofascial deep tissue release

-it is imperative to understand that Mr. Barber's pain issues are anticipated to continue over his lifetime, and exploring various combinations of therapeutic approaches will be dynamic, utilizing medications, modalities, and interventions

-it is hopeful that conservative approaches of medications, therapy modalities, gym and aquatic therapy, participation in an interdisciplinary pain rehabilitation program, alternative approaches, and interventional/injection therapy will be effective for management of these issues

-two times per year

INTERDISCIPLINARY THERAPIES/NEUROREHABILITATION/ MUSCULOSKELETAL REHABILITATION

-From a musculoskeletal standpoint, Mr. Barber requires periodic therapy assessments over his lifetime. Consultations and treatments will be necessary for surveillance and maintenance of optimal functional status related to his injuries, for prevention of further disability and injury, updating life-long therapy

interventions during the aging process with chronic impairments. The therapy team will address musculoskeletal health, postural/spine stabilization, upper and lower extremity joint protection and preservation, balance, chronic pain management, updated independent therapeutic exercise/gym program, strengthening, conditioning, optimize gait/functional mobility, fall prevention, and safety, assessment of necessary durable medical equipment and adaptive devices for mobility and self-care

-Physical Therapy

- periodic monitoring and assessment of functional mobility limitations, musculoskeletal health, postural/spine stabilization, injury prevention, chronic pain, strengthening, conditioning, optimizing gait/functional mobility, fall prevention, and safety

- preservation of upper and lower extremity joints and musculoskeletal health, avoidance of chronic repetitive strain/over-use injuries

- address fatigue and decreased tolerance and endurance for physical activity, provide energy conservation strategies

- update independent therapeutic home and gym exercise program

- consultation and 10 sessions every two years land therapy

- consultation and 10 sessions every two years aquatic therapy

-Occupational Therapy

- addressing self-care skills, strategies for safely participating in instrumental activities of daily living, ergonomic optimization, addressing chronic repetitive strain, adaptive device assessment, energy conservation

- addressing left upper extremity spasticity and weakness, joint stabilization, orthotic use, contracture prevention

- evaluation and five therapy sessions, every two years

-Interdisciplinary Outpatient Pain Rehabilitation Program

- management of life-long acute and chronic pain of various etiologies

- utilizing a Physical Therapy approach to emphasize mobility, stretching, conditioning, improved flexibility, movement, ergonomic/durable medical equipment assessment

- utilizing a Psychologic approach to emphasize cognitive/behavioral management of pain, including diagnostic understanding, muscle tension biofeedback, diaphragmatic breathing, relaxation strategies, mindfulness-based stress reduction, recognition of limits and honoring them, empowering the patient to feel more in control of his pain

- two times per week, two hour sessions, duration eight weeks, now and repeat three times

- alternative medicine

- acupuncture- 12 sessions per year

- myofascial deep tissue manual therapy- 12 sessions per year

DIAGNOSTICS

- musculoskeletal

- shoulder xrays, three views

- five

- shoulder CT scan

- two

- cervical spine xrays, three views

- two

- cervical spine CT scan

- one

- lumbar spine xrays, three views

- three

- lumbar spine CT scan

- two

MEDICATIONS

- Mr. Barber's medication regimen will address management of chronic pain and spasticity.

pain management

- Lidoderm 5% patch, one topically x12 hrs/day, #120/year

-Flector patch, one topically q12hrs, #120/year

-Celebrex 200mg daily, #120/year

-Voltaren gel, #1 tube/month

spasticity management

-Tizanidine 4mg TID

DURABLE MEDICAL EQUIPMENT

-specialized adaptive devices are necessary for individuals with chronic functional impairments, to optimize functional mobility, self-care, and instrumental activities of daily living, to assure care needs and activities are performed safely and effectively, with the highest level of independence, prevention of further musculoskeletal injury/medical complications, promote pain reduction, particularly due to aging with disabilities

-mobility/adaptive equipment

-custom manual wheelchair with hemi-drive, power assist rims, and cushion

-power wheelchair and cushion for community mobility

-activities of daily living

-grab bars

-shower chair/hand held shower nozzle

-pain management

-aquatic therapy/aqua jogger/flotation devices

-OrthoCore- shoulder unit

-H-wave

-hot and cold packs

-adjustable bed with pressure-reducing memory foam mattress to optimize positioning, transfers, pain management

ASSISTANCE WITH INSTRUMENTAL ACTIVITIES OF DAILY LIVING/HOUSEHOLD MANAGEMENT/TRANSPORTATION, PROVIDED BY A HOMEMAKER/HOMEHEALTH AIDE

-Mr. Barber's permanent functional impairments, physical limitations, and chronic pain result in overall functional decline in his independence for managing his affairs/day-to-day life, mobility and IADL's, resulting in the medical necessity for assistance from a homemaker/homehealth aide, to optimize health management, safety, prevention of further acute and chronic injury, chronic pain management, and quality of life

-from a physical standpoint, activities now can require an unreasonable amount of time and energy to accomplish, expose him to exacerbation of pain, potential acute injury, chronic repetitive strain injuries, and emotional frustration and stress

-while he does not currently require hands-on assistance for accomplishing self-care activities, over the later years of his life, Mr. Barber's functional status will predictably decline, more precipitously than had it not been for the injury he sustained, and he will require progressively more assistance

-receiving assistance with activities he is limited in safely performing will best assure avoidance of additional injury, as well as assurance that his daily needs are met safely and effectively, and well-being/quality of life is optimized as best as possible

-Once Mr. Barber returns to community living, he will have the medical necessity for homemaker/homehealth aide care for 10 hours per week, and continuing over the next ten years, then,

-increasing need to 20 hours per week, continuing over the next ten years, then,

-increasing need to 30 hours per week, continuing over the next ten years, then,

-increasing need to 40 hours per week, continuing over the remainder of his lifetime

HOME ENVIRONMENT SAFETY/ACCESSIBILITY/ARCHITECTURAL BARRIERS

-once Mr. Barber returns to community living, evaluation will be necessary for assessment of the home environment for modifications needed to optimize accessibility, safety, comfort issues, and quality of life

TRANSPORTATION

-a modified van with a ramp will be necessary to transport his power wheelchair for community accessibility

EDUCATIONAL RESOURCES/PEER SUPPORT/ORGANIZATIONS

-education on approaches to maximize function, health, and quality of life, while living with chronic impairments, community resources, and staying current with rehabilitation technology and interventions, caregiver/family support

-local brain injury foundation

-chronic pain support group

Thank you very much for the opportunity to evaluate Mr. Barber. As additional assessments and information become available, I will provide updates with appropriate modifications of care needs as indicated. Please do not hesitate to contact me for any further questions or input.

____/s/ Amy Magnusson_____
Amy Magnusson, MD

cc:

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